	dominocorour 2 opan anno	110 01 1 010110 11	0011011		0	,	50001	
	Water Quality M	Ionitoring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0090034	MICHAEL'S AT THE GROVE				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural
42 VAIL ROAD		Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: BETHEL

Monitoring Ro	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 9/24/2015

	Wa	ter System Facili	ty and Sampling P	oint Ir	nvento	ry
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		BS	BAR SINK	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		KSHSB	KIT HAND SNK BACK	Α	Υ	Υ
		KSHSF	KIT HAND SNK FRONT	Α	Υ	Υ
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ
		RRLR	RR LADY ROOM	Α	Υ	Υ
		RRMR	RR MENS RR	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
20168	WELL	2	WELL	Α		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Mon	itoring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0090034	MICHAEL'S AT THE GROVE				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industria	al Combine	ed Agricultural
42 VAIL ROAD		Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: BETI	HEL									
				Contact	t Inf	ormation				
Name			Organiz	Organization				Job Title		
Mr. Robert Osterm	an							Owner		
Mailing Address Line One Mailing Add			Address Line	Two			City	State	Zip Code	
42 Vail Road							Bethel		СТ	06801
Business Phone	Extension	Fax		Mobile Ph	one	Emergency Phone	Email Ad	ddress		
203-748-9926		203-745-	5122			203-775-6863	groveve	nture@aol.com		
Contact Role(s): Le	egal Contact, C	Owner								
Name				Organiz	zation				Job Title	

Michaels At The Grove

203-791-9700 Contact Role(s): Administrative Contact

Extension

Please note the following:

Mailing Address Line One

Ms. Linda Shakro

Business Phone

42 Vail Road

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Zip Code

06801

State

CT

City

Bethel

Emergency Phone Email Address

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0090124	MEETING HOUSE PUB				NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
37 STONY HILL R	OAD (ROUTE 6)	Connections			1			

Towns Served: BETHEL			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID): 00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL (WSF ID: 20176)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18	-	Complete
	1/1/19 - 1/31/19		Complete
			·

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of					,		
	Water Quality Monito	oring and	ı Con	ıpı	lance s	scheaui	е	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0090124	MEETING HOUSE PUB				NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural

1

Connections

Towns Served: BETHEL

37 STONY HILL ROAD (ROUTE 6)

Monitoring	Requirements					
Water System Facility: WELL (WSF ID: 20176)						
E. Coli (3014)		1 routine (RT) per month				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
	2/1/19 - 2/28/19		Complete			
	3/1/19 - 3/31/19		Complete			
	4/1/19 - 4/30/19					
	5/1/19 - 5/31/19					
	6/1/19 - 6/30/19					
	7/1/19 - 7/31/19					
	8/1/19 - 8/31/19					
	9/1/19 - 9/30/19					
	10/1/19 - 10/31/19					

	Water 9	System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20176	WELL	2	WELL	Α					
57428	WATER SOFTENER TREATMENT								

57428 WATER SOFTENER TREATMENT STATION

			Co	ontact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Gary Teetsel			The Meeting	House Pub	Ow	ner			
Mailing Address Lin	e One		Mailing Add	ress Line Two		Cit	ty State	Zip Code	
37 Stony Hill Road						Bethel	СТ	06801	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
203-364-7395						gteetsel@ya	hoo.com		
Contact Role(s): O	wner		·						
Name				Organization			Job Title		
Mr. Sam Jones									
Mailing Address Lin	e One		Mailing Add	ress Line Two		Cit	ty State	Zip Code	
P.O. Box 754						Hawleyville	СТ	06440	
	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Addres	is		
Business Phone	LACEIISIOII								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0090124	MEETING HOUSE PUB	NC	25	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
37 STONY HILL ROAD (ROUTE 6) Connections 1							

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0090144	MECKAUER PARK				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
16 SHELTER RO	CK ROAD	Connections			1			

SEASONAL START UP COMPLETION

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)								
Total Coliform (3100)		1 rou	tine (RT) per month						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19								
	5/1/19 - 5/31/19								
	6/1/19 - 6/30/19								
	7/1/19 - 7/31/19								
	8/1/19 - 8/31/19								
	9/1/19 - 9/30/19								
	10/1/19 - 10/31/19								
Physical Parameters (PPS)		1 rou	tine (RT) per month						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19								
	5/1/19 - 5/31/19								
	6/1/19 - 6/30/19								
	7/1/19 - 7/31/19								
	8/1/19 - 8/31/19								
	9/1/19 - 9/30/19								
	10/1/19 - 10/31/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18	4/1-10/31	Complete						
	1/1/19 - 12/31/19	4/1-10/31							
	1/1/20 - 12/31/20	4/1-10/31							
Other Compl	iance Schedules								
Compliance Schedule Activity	Due Date	Achieved D	ate						
L1 ASSESSMENT FORM SUBMITTAL	10/31/2018								
L1 ASSESSMENT (MULTIPLE TC+)	10/31/2018								

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/1/18 -	2	12/6/2018		12/16/2018					
REVISED TOTAL COLIFORM RULE (RTCR)	4/29/18 - 5/9/18	3	5/16/2019		5/26/2019					

4/1/2019

Water System Facility and Sampling Point Inventory										
Water					Total	Lead and				
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage	
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

)		-P	9 0 1 1 0 0 1 0 1		
PWS ID PWS Name C					Population	Owner Type	Primary Source
CT0090144	MECKAUER PARK		NC	25	Р	GW	
Local Address	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural	
16 SHELTER RO	OCK ROAD	Connections		1			

Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		RRLR	RR LADY ROOM	Α	Υ		Υ			
		RRMR	RR MENS RR	Α	Υ		Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20178	WELL	2	WELL	Α						

Contact Information									
Name				Organization	า		Job Title		
Ms. Eileen Earle				Director					
Mailing Address Lin	e One		Mailing Addr	ress Line Two		City	State	Zip Code	
1 School Street						Bethel	СТ	06801	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
203-794-8531						earlee@bethel-ct.gov			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
СТ0090274	STONY HILL PLAZA/MARKET			NC	25	Р	GW		
Local Address (where applicable)	Service	Residen	ıtial	Commerci	al Industri	al Combine	ed Agricultural	
73 STONY HILL	ROAD	Connections					1		
Towns Served: BETHEL									
Monitoring Requirements									

Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rd	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facilit	y and Sampling Point In	ventory	

	١	Water System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20186	WELL	2	WELL	Α					
59214	BLADDER TANKS								

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Christopher Ma	anolakes			Stony Hill M	arket		Vice President		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
9 North Road						Bethel		CT	06801
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ad	ldress		
203-744-6556					203-748-1464				

Contact Role(s): Administrative Contact, Legal Contact, Owner

	Connecticu	t Depa	irtment of	f Public	Health	Drir	ıking	, Water	Section	
	Wate	er Qua	lity Monit	coring a	nd Con	nplia	nce S	Schedul	le	
PWS ID F	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0090274 S	TONY HILL PLAZA	/MARKET	•			N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
73 STONY HILL RC	AD			Connection	ns				1	
Towns Served: BE	THEL					,		,		
Name			0	rganization					Job Titl	e
Mr. Nick Manolal	ces		St	tonhy Hill Ma	rket			Secretary	,	
Mailing Address L	ine One		Mailing Addres	s Line Two				City	State	Zip Code
12 Lexington Drive	e						Brookfi	ield	СТ	06804
Business Phone	Extension	Fax	Mob	ile Phone	Emergenc	y Phone	Email A	Address		
203-748-1464					203-748	-1464				
Contact Role(s):	Owner		1	•						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		4- 11: -					
	Connecticut Departmen	it of Public H	lealth	Drinkii	ng Water	Section	
	Water Quality Mo	onitoring an	d Com	pliance	e Schedul	le	
PWS ID	PWS Name		(Classificatio	n Population	Owner Type Primary So	ource
СТ0090284	44 STONY HILL ROAD			NC	37	P GW	
Local Address (w	vhere applicable)	Service	Residenti	ial Comme	rcial Industri	al Combined Agricul	tural
BETHEL HOT DO	G PALACE	Connections	3	1			
Towns Served: B	BETHEL						
	Ad STONY HILL ROAD Idress (where applicable) Agricultural HOT DOG PALACE Connections Service Connections Residential Commercial Commercial Commercial Combined Agricultural Agricultural Combined Agricultural						
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform	n (3100)				1	l routine (RT) per quar	rter
Sampling P	Point (Sampling Point ID)		Monitorin	g Period	Collection Pe	riod Compliance Stat	tus
Select from	Inventory of Active Sampling Points		10/1/18 - 1	12/31/18		Complete	
			1/1/19 - 3	3/31/19		Complete	
			4/1/19 - 6	6/30/19			
			7/1/19 - 9	9/30/19			
•					1	l routine (RT) per quar	rter
					Collection Pe		tus
Select from	Inventory of Active Sampling Points					<u> </u>	
						Complete	
			7/1/19 - 9	9/30/19			
-	,	0700)					
	•						
				_	Collection Pe	-	tus
ENTRY POI	N1 (3)						
						Complete	
\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	5		1/1/20 - 1	.2/31/20			
-	,						
E. Coli (3014)				5 1 1			
	oint (Sampling Point ID)			_	Collection Pe	rioa Compilance Stat	tus
WELL (2)						Complete	
						Complete	
	Oth	er Compliance					
Compliance Sch				ue Date	Achie	eved Date	
RESPOND TO SA	•			/7/2014	7.0		
		Notification R					
		Compliance	Notice	Public	: Notification	PN Certification	
Violation/Situat		Period	Tier	Require			ved
E. Coli M&R Viol	ation	10/1/18 - 12/31/18	3	2/22/20	20	3/3/2020	
	Water System F	acility and Sar	mpling I	Point Inv	ventory		
Water		Dates Con H 5 1			Total Lead	and	_

KIT HAND SNK

DISTRIBUTION SYSTEM

Description

DOWNSTREAM WITHIN 5 SERVICE CON

Coliform

Rule

Υ

Υ

Status

Α

Α

Α

Copper

Rule Tier Asbestos WQP 2 DBPR

Υ

Stage

Sampling Point Sampling Point

ID

KSHS

System Water System Facility

00600 DISTRIBUTION SYSTEM

Facility ID

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	200000			F				
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0090284	44 STONY HILL ROAD				NC	37	Р	GW
Local Address	(where applicable)	Service	Resider	ntial C	Commercia	al Industri	al Combine	ed Agricultural
BETHEL HOT D	OG PALACE	Connections	3		1			

	Wa	ter System Facili	ity and Sampling P	oint Ir	rventor	ry	
Water					Total	Lead and	
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper St	tage
Facility ID)	ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 L	DBPR
		KSLS	KIT SNK LARGE SINGLE	Α	Υ	Υ	
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ	
		RRLR	RR LADY ROOM	Α	Υ	Υ	
		RRMR	RR MENS RR	Α	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	Α			
20187	WELL	2	WELL	Α			
59483	TREATMENT PLANT						

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Salvatore Spro	viero			Sproviero &	Son		Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
44Stonyhill Rd						Bethel		СТ	06801
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress		
203-948-7933					203-312-0871	salbonn	@sbcglobal.n	et	

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

Schedule Generation Date: 4/11/2019

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Page 11

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	Connecticut Departn					_			ection	
	Water Quality	Mo	nitoring and	a Con	_			_		
PWS ID	PWS Name				Cla	ssification	-	Ow		rimary Source
CT0090334	BENNETT MEMORIAL PARK					NC	25		L	GW
	where applicable)		Service	Residen	itial	Commerci	al Industr	ial	Combined	Agricultural
14 SHELTER RO			Connections			1				
Towns Served:	BETHEL	B.4 -		.•						
Matar Custom	Facility DISTRIBUTION SYSTE		nitoring Requ	iireme	nts	3				
Water System	,	IVI (VV	SF ID: 00600)						.: (DT)	
Total Coliforn	•			0.4 i	: r	David C				per quarter
	Point (Sampling Point ID)			Monitori			ollection Pe	rioa		ance Status
Select from	n Inventory of Active Sampling Poin	ιs	:	10/1/18 -					Co	mplete
				4/1/19 -						
Dhysic - LD-	materia (DDC)			7/1/19 -	- 9/3	10/19		1		
-	meters (PPS)			Manitari	: I	Davind C	ollection Pe			per quarter
	Point (Sampling Point ID)	to		<i>Monitori</i> 10/1/18 -			10/1-10/3			mplete
Select Iron	n Inventory of Active Sampling Poin	ıs		4/1/19 -			10/1-10/5	1	CO	ilipiete
				7/1/19						
Mater System	Facility: ENTRY POINT (WSF I	D. 007	(OO)	//1/19 -	- 9/3	19				
		D. 007	00)					1		T)
Nitrate And N				Monitori	ina I	Pariod C	ollection Pe		· -	RT) per year ance Status
ENTRY POI	Point (Sampling Point ID)			1/1/18 -			4/1-10/3:			mplete
ENTRY POI	(3)			1/1/10 -			4/1-10/3			ilipiete
				1/1/20 -			4/1-10/3			
)tho	r Compliance			·	4/1-10/3.	_		
Compliance Sch		Jule	Compliance			Date	Achie	wod	Date	
Compliance Sch	RT UP COMPLETION						ACIIIE	evea	Date	
SEASONAL STAI				_		/2019				
	Pu	DIIC I	Notification R	equire	eme					
			Compliance	Notice	?		<u>otification</u>			<u>tification</u>
Violation/Situa		-	Period 12/24/24	Tier		Required	Performe		Due to DPH	Received
Total Coliform			0/1/04 - 12/31/04			6/10/2005			6/20/2005	
REVISED TOTAL	COLIFORM RULE (RTCR)		4/22/18 - 5/9/18	3		5/16/2019			5/26/2019	
	Water Syste	m Fa	icility and Sar	npling	Po		•			
Water	or Sustain Easility Same	lina D	oint Sampling Poi	n t			otal Lead		1	Charac
System Wat Facility ID	er System Facility Samp	ID	Description	nt.			iform Cop Rule Rule	-	r Ashestos	Stage WQP 2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Status h	Y Kule	1161	ASSESTOS	Z DUFN
00000 0131			AM WITHIN 5 SER			A	•			
		KSHS	KIT HAND SNI		•	A	Υ		Υ	
		KSTSL	KIT SNK TRPL			A	Y		Y	
		RR	RR GENERIC F			A	Y		Y	
		1111	MA GLIVLINIC P			~	•		•	

ENTRY POINT

WELL #1

WITHIN 5 SERVICE CON

Α

Α

Α

UPSTREAM

3

2

00700 ENTRY POINT

23070 WELL #1

	Water Quality Monit	oring an	d Con	npl	liance S	chedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0090334	BENNETT MEMORIAL PARK				NC	25	L	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	l Industri	al Combin	ed Agricultural
14 SHELTER RO	CK ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: BETHEL

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Eileen Earle							Director		
Mailing Address Line One Mailing Add			Mailing Add	ress Line Two			City	State	Zip Code
1 School Street						Bethel		СТ	06801
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress	-	
203-794-8531						earlee@	bethel-ct.gov		

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public Healt	h Drinki	ing Wa	ater Se	ction	
	Water 0	uality Monit	oring and Co	mplianc	e Sch	edule		
PWS ID	PWS Name	<u> </u>	011118 011101 00	_			ner Type Pri	imary Source
СТ009035	SUNOCO, PUTNAM PAR	RK ROAD		NC	-	25	P	GW
Local Add	ress (where applicable)		Service Reside	ential Comm	nercial Ir	dustrial	Combined	Agricultural
	AM PARK ROAD		Connections	1	L			
Towns Sei	rved: BETHEL				l			
		Monito	oring Requirem	ents				
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF II	D: 00600)					
Total Co	liform (3100)					1 rou	tine (RT) p	er quarter
Sam	pling Point (Sampling Point ID)		Monito	oring Period	Collect	ion Period	Complia	ınce Status
Selec	ct from Inventory of Active Sam	pling Points	10/1/18	3 - 12/31/18			Cor	mplete
			1/1/19	9 - 3/31/19			Cor	mplete
				9 - 6/30/19				
			7/1/19	9 - 9/30/19				
-	Parameters (PPS)							er quarter
-	pling Point (Sampling Point ID)			ring Period	Collect	ion Period		ince Status
Selec	ct from Inventory of Active Sam	pling Points		3 - 12/31/18			Cor	nplete
				9 - 3/31/19				
				9 - 6/30/19				
Matas Cu	estano Facilita e FNTDV DOIN	T (MCF ID: 00700)	//1/19	9 - 9/30/19				
	stem Facility: ENTRY POIN	1 (WSF ID: 00700)						=1
	And Nitrite (NOX)		Monito	wing Dovind	Callact			Γ) per year
	pling Point (Sampling Point ID)			oring Period	Conect	ion Period		ince Status
ENIF	RY POINT (3)			- 12/31/18				nplete
				- 12/31/19 - 12/31/20			COI	nplete
	Mate	w Customs Fosili				4		
	wate	er System Facili	ty and Samplin	g Point ir	iventoi			
Water	Water System Facility	Sampling Point	Sampling Point		Total	Lead and		Chana
System Facility ID		ID	Description Description	Chartura	Coliform Rule	Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTE	Status M A	Y	710110 7101		
			WITHIN 5 SERVICE CO		·			
		KSHS	KIT HAND SNK	Α	Υ		Υ	
		KSTS	KIT SNK TRPL SNK	Α	Υ		Υ	
		RR	RR GENERIC RR	Α	Υ		Υ	
		UPSTREAM	WITHIN 5 SERVICE CO					
00700	ENTRY POINT	3	ENTRY POINT	А				
60746	WELL #2	2	WELL #2	А				
			tact Informatio					
Name			rganization				Job Title	
	ert E Mitchell		emco Limited Partners	ship.	Vic	e-President		
				•				

City

nem@nemitchell.com

Danbury

Emergency Phone Email Address

203-948-8603

State

 CT

Zip Code

06810

Mailing Address Line Two

Mobile Phone

P.O. Box 186

Fax

203-743-7978

Mailing Address Line One

Extension

329

Contact Role(s): Administrative Contact, Legal Contact, Owner

7 Federal Road

Business Phone

203-744-0600

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quality 1410	intoring and	a Con	ipilanice i	Jeneuu	i C	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0090354	SUNOCO, PUTNAM PARK ROAD			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industr	al Combine	ed Agricultural
124 PUTNAM P	ARK ROAD	Connections		1			
Towns Served:	BETHEL						

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Со	nnectic	ut Depa	rtment o	f Public	Health	Drin	king '	Water	Sec	tion	
		Wat	ter Oual	lity Moni	toring a	nd Com	plia	nce So	chedul	e		
PWS ID	PW	S Name	2010		0011118		Classifi				r Type P	rimary Source
CT0090364		STONY HILL R	OAD				N		25		P	GW
		e applicable)			Service	Resident	ial Co	mmercial	_		ombined	_
20001710010		<u> </u>			Connection			2				7.8.100100101
Towns Serv	ed: BETH	EL										
				Monit	toring Red	quireme	nts					
Water Syst	tem Fac	ility: DISTR	IBUTION SY	STEM (WSF	ID: 00600)							
Total Coli	form (3	100)							1	routi	ne (RT)	per quarter
Sampl	ling Point	(Sampling Po	oint ID)			Monitorii	ng Perio	od Col	lection Per	riod	Compli	ance Status
Select	from Inv	entory of Acti	ive Sampling	Points		10/1/18 -	12/31/	18			Co	mplete
						1/1/19 -	3/31/1	9			Co	mplete
						4/1/19 -						
						7/1/19 -	9/30/1	9				
Physical P	Paramet	ers (PPS)							1	routi	ne (RT)	per quarter
-		(Sampling Po	oint ID)			Monitorii	ng Perio	od Col	lection Per			ance Status
Select	from Inv	entory of Acti	ve Sampling	Points		10/1/18 -	12/31/	18			Co	mplete
						1/1/19 -	3/31/1	9			Co	mplete
						4/1/19 -	6/30/1	9				
						7/1/19 -	9/30/1	9				
Water Sys	tem Fac	ility: ENTR	Y POINT (W	/SF ID: 00700)							
Nitrate Ar	nd Nitrit	e (NOX)								1 rc	outine (F	RT) per year
		: (Sampling P	oint ID)			Monitorii	ng Perio	od Col	lection Per		·-	ance Status
_	POINT (•			1/1/18 - 1	_					mplete
	,	,				1/1/19 - 1						•
						1/1/20 - 1						
			Water Sy	/stem Faci	lity and S				tory			
Water								Tota	al Lead	and		
-	Water Sy	stem Facility		Sampling Poin					orm Copp			Stage
Facility ID				ID	Description		Sta			Tier A	Asbestos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM	l	4	DISTRIBUTI	ON	P	Υ				
				DOWNSTREAM	1 WITHIN 5 S	SERVICE CON	I A	١				
				UPSTREAM	WITHIN 5 S	SERVICE CON	l A	١				
00700 E	ENTRY PO	DINT		3	ENTRY POI	NT	P	١				
48156 \	WELL			2	WELL		A	١				
				Co	ntact Info	rmation						
Name				(Organization					J	lob Title	
IVAILLE									Vice Dresi	dont		
Mr. Christo	pher Ma	nolakes		9	Stony Hill Mar	rket			Vice Presid	uent		
				Mailing Addre		rket			City	uent	State	Zip Code
Mr. Christo	dress Line					rket		Bethel		uent	State CT	Zip Code 06801

203-748-1464

203-744-6556

Contact Role(s): Administrative Contact

PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0090364	76 STONY HILL ROA	.D				N	IC	25	Р	GW
Local Address	(where applicable)		Service	Reside	ntial Co	mmerci	al Industri	al Combine	ed Agricultura	
				Connection	ns		2			
Towns Served:	BETHEL					,				·
Name				Organization					Job Title	9
N/4 NI:abalaa D	Borrello							Owner		
vir. Nicholas E								City	State	Zip Code
	ss Line One		Mailing Addr	ess Line Two				City	State	Zip Code
Mailing Addre 76 Stony Hill R			Mailing Addr	ess Line Two			Bethel	City	CT	06801

-: Legar Contact, Cit.

Please note the following:

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End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0099274	47 STONY HILL ROAD				NC	45	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
		Connections			1			

Towns Served: BETHEL

Compliance Schedule Activity

TOWNS SERVED. DETITIES			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

LIVITATION (3)	1/1/10 - 12/31/10	
	1/1/19 - 12/31/19	C
	1/1/20 - 12/31/20	

Other Compliance Schedules

Due Date

Achieved Date

L1 ASSESSMENT (MULTIPLE TC+) 8/8/2018

Public	Notification R	Requirem	nents			
	Compliance	Notice	Public No	tification	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

Connecticut Depa	artmen	nt of	Public	Health	Drir	nking	g Wa	ater	Se	ection	
Water Qua	lity Mo	onit	oring a	nd Com	plia	nce \mathfrak{S}	Sch	edul	e		
PWS ID PWS Name										ner Type P	rimary Source
CT0099274 47 STONY HILL ROAD					N	С		15		Р	GW
Local Address (where applicable)			Service	Resident	tial Co	mmerc	ial Ir	ndustria	al	Combined	Agricultural
			Connection	ns		1					
Towns Served: BETHEL			1						'		<u> </u>
REVISED TOTAL COLIFORM RULE (RTCR) TT VI	olation	9/17	7/16 - 7/7/1	7 2	12/	2/2016	7 67	jornici	1	.2/12/2016	necervea
REVISED TOTAL COLIFORM RULE (RTCR) TT VI		-	8/9/18 -	2		3/2018				9/23/2018	
, ,			ity and S			<u> </u>		rv		, ,	
Water	yotemi	aciii.	ity and 5	ab8	. 0		otal	Lead	and		
	Sampling	Point	Sampling F	Point			liform				Stage
Facility ID	ID		Description		Sta		Rule			Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		DISTRIBUTI	ON		4					
	BS		BAR SINK		A	4	Υ			Υ	
	DOWNSTI	REAM	WITHIN 5 S	SERVICE CON	J A	4					
	KSD		KIT SNK DC	UBLE	A	4	Υ			Υ	
	KSHS	1	KIT HAND S	SNK 1	A	4	Υ			Υ	
	KSHS	2	KIT HAND S	SNK 2	A	4	Υ			Υ	
	KSHS	3	KIT HAND S	SNK 3	A	A	Υ			Υ	
	KSSTH	IS	KS SERVE S	TA H SNK	A	A	Υ			Υ	
	RRLR	L	RR LADY RO	OOM L	A	A	Υ			Υ	
	RRM	R	RR MENS R	lR.	A	4	Υ			Υ	
	UPSTRE	AM	WITHIN 5 S	SERVICE CON	I A	A					
00700 ENTRY POINT	3		ENTRY POI	NT	A	4					
53501 WELL	2		WELL		A	4					
53567 ATMOSPHERIC TANK											
53569 BLADDER TANK											
59122 BOOSTER STATION											
		Con	tact Info	rmation							
Name				illation						Joh Title	
Ms. Mafalda Roma			rganization oma's Plaza	1.0			N 4 a	mber		Job Title	
Mailing Address Line One	Mailing A		s Line Two	LLC						State	7in Codo
_	ivialiling A	uures	S LIIIE I WO			Bethel		ity			Zip Code
47 Stony Hill Road Business Phone Extension Fax		Mohi	le Phone	Emergency	Dhono			cc		СТ	06801
203-794-0563 203-794-		IVIODI	ie Pilone	203-790-		EIIIaii	Auure	55			
Contact Role(s): Administrative Contact, Leg		t		203-730-	+304						
Name	our contac		rganization							Job Title	
Roma's Plaza LLC			Dariizacion							JOD TILLE	
Mailing Address Line One	Mailing A	ddres	s Line Two				C	ity		State	Zip Code
47 Stony Hill Rd	Route 6	00	2			Bethel				CT	06801
Business Phone Extension Fax		Mobi	le Phone	Emergency	Phone			SS			
			-	<u> </u>							
Contact Role(s): Owner			l			1					

PWS ID	PWS Name	ter Quali	•)	************	101 0011	Classif			T T	Primary Source
СТ0099274	47 STONY HILL R	OAD				N	С	45	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	l Industri	al Combine	ed Agricultural
				Connection	S		1			
Towns Served: B	ETHEL									
Name			C	Organization					Job Titl	е
	ma, Sr			Organization Roma's Plaza Ll	LC				Job Titl	е
Mr. Armand Ror	•	N		Roma's Plaza L	LC			City	Job Titl State	e Zip Code
Name Mr. Armand Ror Mailing Address 47 Stony Hill Roa	Line One	M	R	Roma's Plaza L	LC		Bethel	City		-
Mr. Armand Ror Mailing Address	Line One	Fax	Railing Addre	Roma's Plaza Li ss Line Two	LC Emergency	[,] Phone		•	State	Zip Code

Connecticut Department of Dublic Health Drinking Water Costion

Contact Role(s): Legal Contact

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	147-4 O -1'4 M'4-		lealth D		U			uon	
	Water Quality Monito	ring and							
PWS ID PWS Name			Cla		n Pop				imary Source
CT0099284 HIS VINEY				NC		25		·	GW
Local Address (where appli	,	Service Connections	Residential	Comme	rcial	Industria	I Co	ombined	Agricultura
2 VAIL ROAD Towns Served: BETHEL		Connections		3					
TOWNS Served: BETHEL		• • • •	•						
Water System Facility:	Monitor DISTRIBUTION SYSTEM (WSF ID:		iirements						
Total Coliform (3100)						1	routi	ne (RT) p	er quarter
Sampling Point (Samp	oling Point ID)		Monitoring F	Period	Colle	ction Per	iod	Compli	ance Status
Select from Inventory	of Active Sampling Points		10/1/18 - 12/	31/18				Cor	mplete
			1/1/19 - 3/3	1/19				Cor	mplete
			4/1/19 - 6/3	0/19					
			7/1/19 - 9/3	0/19					
Physical Parameters (P	-								er quarter
Sampling Point (Samp			Monitoring F		Colle	ction Per	iod		ance Status
Select from Inventory	of Active Sampling Points		10/1/18 - 12/						mplete
			1/1/19 - 3/3					Cor	mplete
			4/1/19 - 6/3						
Motor Cyctore Facility	ENITRY DOINT (MCF ID: 00700)		7/1/19 - 9/3	0/19					
	ENTRY POINT (WSF ID: 00700)						1	ti	T)
Nitrate And Nitrite (NC Sampling Point (Samp	•		Monitoring F	Period	Colle	ction Peri		-	T) per year ance Status
ENTRY POINT (3)	ming Foliit ID)		1/1/18 - 12/3		Cone	ction Fen	lou		mplete
LIVINI I OINI (3)			1/1/19 - 12/3	-					mplete
			1/1/20 - 12/3	-					Tipiete
Mor	nthly Water System Facilit				g Re	quiren	nent	:s	
Water System Facility:	ENTRY POINT (WSFID: 00700)								
Analyte	Monitoring Requirement (Summary	y Type)	Operati	ng Limit			Sa	mples Re	q/Month
рН	Entry Point pH Monitoring (PHRD)		Minimu	m: 7.0 Pl	Н			4	
Start Date: 6/1/2014		Complia	nce History:		Opera	ting Limit	t	Monitor	ing
		Monitor	ing Period		Compl	iance Sta	tus:	Complia	nce Status:
		11/1/20	18 - 11/30/20	018					N
		12/1/20	18 - 12/31/20	018					N
		1/1/201	9 - 1/31/2019)					N
			9 - 2/28/2019						N
			9 - 3/31/2019						
		4/1/201	9 - 4/30/2019	9					
	Other Cor	mpliance	Schedule	es					
Compliance Schedule Activ				Date		Achiev			
RESPOND TO SANITARY SU				2019			/2019		
CORRECTIVE ACTION/CORF	RECTIVE ACTION PLAN		4/4/	2019		3/27	7/2019)	
		d C	malina Da	int los	ont.) rv			
	Water System Facility	y and Sar	npiing Po	int inv	/enti	Ji y			

DISTRIBUTION SYSTEM

Description

Coliform

Rule

Status

Α

Copper

Stage

Rule Tier Asbestos WQP 2 DBPR

Sampling Point Sampling Point

ID

4

Water System Facility

DISTRIBUTION SYSTEM

System

Facility ID

00600

Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule										
/S ID	PWS Name	Classification	Population	Owner Type	Primar						

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0099284	HIS VINEYARD, INC.				NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
2 VAIL ROAD		Connections			3			

Water System Facility and Sampling Point Inventory									
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
58656	WELL 1	2	WELL 1	Α					
58660	WX-250 TANK								
58662	ATMOSPHERIC TANKS								
58664	WATER PRO BLADDER TANK								
58666	TREATMENT PLANT								

			(Contact Inf	ormation			
Name			Organization	า		Job Title		
Reverend Gary Mic	hael Baldelli							
Mailing Address Line One M			Mailing Address Line Two		City	State	Zip Code	
2 Vail Road						Bethel	СТ	06801
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address	nail Address	
203-790-1600		203-743-4	1030			pastorgary@hisvineyard.org		

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule